Cambridgeshire NHS
Primary Care Trust

Single Equality Scheme

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Contents

		Page No:
1	FOREWORD	3
2	ABOUT US	4
3	PUBLIC SECTOR EQUALITY DUTIES: THE LEGISLATIVE CONTEXT	8
4	CONTEXT OF THE EQUALITY STRANDS	9
	Race	10
	Disability	11
	Gender	12
	Religion and Belief	14
	Age	16
	Sexual Orientation	18
5	KEY DRIVERS FOR EQUALITY & DIVERSITY	20
6	EQUALITY IMPACT ASSESSMENTS	21
7	CONSULTATION AND INVOLVEMENT	23

Appendices:

I	Legal Framework	25
II	Rapid Equality and Diversity Impact Assessment	30
III	Full Equality and Diversity Impact Assessment	33
IV	Consultation with Groups and Organisations	42
V	Action Plan	44

1 FOREWORD

As Chief Executive of the Cambridgeshire Primary Care Trust I am delighted to introduce the Trust's Single Equality Scheme (SES), which identifies the commitment of this Trust in ensuring that we will promote equality and value the diversity of our staff and service users.

Cambridgeshire has a fast growing and increasingly diverse community and this should influence how we provide and commission our services as well as how we treat our staff, both current and future.

All public organisations including this Trust are required by law to have Equality Schemes in respect of race, disability and gender. But, in keeping with a growing number of leading organisations, we have made the decision that we want to go beyond the requirements of law and produce a scheme that will provide equality for all our employees and service users. This Single Equality Scheme will, in addition to covering race, disability and gender, will also cover age, sexual orientation and religion/belief.

Whist the Trust believes that introducing a Single Equality Scheme is a positive move, it is fully aware that having this scheme alone does not mean we have done all we need to do in equality and diversity matters. Rather, this is the start of the journey for many equality and diversity issues for us and we have a tremendous amount of work ahead for the Trust in meeting what is set out in this scheme.

The Trust currently provides services and also commissions (buys) them from other Trusts including mental health and acute services. The scheme will aim to improve both the way it delivers its own services in the community and also the way it commissions services from other NHS organisations.

The Trust has consulted services users, partner organisations, staff and staff interests in developing this scheme, but would still welcome other comments which will influence the full review of the scheme in 2011 or before when it is reviewed during this period.

I would like to thank all those people who were involved in producing or influencing this Single Equality Scheme and hope its introduction makes a real difference to our staff and service users and the way we deliver and commission our services

Chris Banks
Chief Executive

2 ABOUT US

The Cambridgeshire NHS Primary Care Trust was created on 1 October 2006. It replaced the former Cambridge City, East Cambridgeshire and Fenland, Huntingdonshire and South Cambridgeshire Primary Care Trust's.

The Trust is responsible for improving the health of its local community by assessing what the health needs are and providing or developing services that respond to those needs.

Many services are provided by the Trust including specialist children's services; integrated health and social care for older people, child and family nursing services and therapy services. In line with national policy, these directly provided services have been established within Cambridgeshire Community Services (CCS), an independent business unit within and accountable to the Trust. CCS is working towards becoming a NHS Foundation Trust status in 2009 and if that happens it will become a legally constituted NHS Foundation Trust separate from the Trust. If that happens in 2009, both organisations will remain fully committed to take forward this Single Equality Scheme within their own organisations.

The Trust also commissions services from other NHS organisations, including a number of acute hospitals and providers of mental health services.

The Trust is responsible for developing primary care services across Cambridgeshire, including those services provided by General Practitioners (GPs), dentists, pharmacists and opticians.

- The Trust serves a population of around 600,000
- The Trust is a large employer with over 2,700 staff

Within the area the Trust covers there are currently:

- 76 GP practices
- 80 Dental practices
- 91 Pharmacies

VISION AND OBJECTIVES

The Trust has agreed Organisational Objectives for 2008/2009 and these are as follows:

Commissioning

Further develop an excellent commissioning service, which delivers high quality, cost effective services that continue to improve health outcomes across all communities in Cambridgeshire.

Practice Based Commissioning

Support Practice Based Commissioners to become integral to the development and delivery of the commissioning intentions in the three localities of Huntingdonshire, East Cambridgeshire and Fenland and Cambridge.

Finance

Provide robust financial management that ensures the Trust is financially viable, making best use of its resources, and commissioning and delivering high quality effective services that are good value for money.

Primary Care Governance

Support primary care professionals to provide and develop services in the community in accordance with public health needs assessment and practice based commissioning plans.

Public Engagement

Actively engage with the public in the planning and delivery of their services.

Public Health

Fully integrate public health into the work of the Trust and partners to engage with the population about their health, inform the commissioning process and support the Trust in tackling health inequalities. Assess current and future needs of the population including population growth. Co-ordinate planning and response to public health emergencies.

Market Management

Ensure that there is a safe and sustainable network of high quality service provision to match existing and future health and social care needs whilst ensuring best value for money and patient focus.

Provider Arm Development

Support and assist Provider Services during the period of autonomous operation to become an efficient and effective operational business unit providing services aligned to the Trust’s Commissioning Objectives.

Strategic Partnerships

Maintain and further develop strong strategic partnerships to optimise commissioning and delivery of services to users and improve health and well-being.

Workforce

Develop a sustainable workforce, which is fit for the purpose of delivering world-class commissioning.

CAMBRIDGESHIRE COMMUNITY SERVICES VISION, PURPOSE AND VALUES

The Cambridgeshire Community Services have developed a vision, purpose and values as shown below.

Delivering health and social care solutions in the community
Cambridgeshire Community Services provides a range of integrated health and social care community services for children, older people and adults across Cambridgeshire.

Vision
We will offer integrated, high quality, value for money, innovative community health and social care solutions to improve the wellbeing of all the communities we serve.

Purpose and Values
Our core purpose is **to make people's lives better.**

People are at the heart of everything we do – the people who work with us, the people who use our services and the people who buy our services.

We have four key values that help us to define and develop our culture – so we can demonstrate through our actions that people are at the centre of what we do and how we do it:

Putting the people we serve first, by:

Caring for people as individuals
Empowering people to make informed life choices about their health and care
Tailoring health and care solutions for each person and their carer
Treating people with compassion, dignity and respect
Listening to people to continuously improve the quality and safety of our services.

Supporting, valuing and developing our staff, by:

Caring for the welfare of staff as individuals
Setting clear expectations of individuals and teams, their roles and responsibilities
Empowering staff to take action and do their best

Listening to our staff to continuously improve the services we offer and progress the success of the organisation
Developing skills and career opportunities through education, training and development
Celebrating the successes and innovations of our staff.

Working with partners to make people's lives better, by:

Playing an active role in creating healthier communities
Combining our efforts with other organisations and networks to make the best use of our resources for the communities we serve.

Striving to be the best, by:

Acting with integrity
Taking pride in our work
Respecting and valuing diversity
Encouraging innovation
Constructively challenging to achieve continuous improvement
Eradicating waste
Living within our means.

3 PUBLIC SECTOR EQUALITY DUTIES: THE LEGISLATIVE CONTEXT

The Trust is a public body and all such organisations are legally required to publish equality schemes. This requirement is contained in:

- the Race Relations (Amendment) Act 2000;
- the Disability Discrimination Act 2005; and
- the Equality Act 2006.

These pieces of legislation contain specific equality duties, including a requirement for public sector organisations to publish equality schemes. The Trust published individual schemes covering race, disability and gender and this single equality scheme replaces those previous schemes.

The three statutory duties have a common aim – to ensure that the public sector works to promote equality and eliminate discrimination in all of its activities. Each piece of legislation containing the statutory duties focuses on delivering equality in the most appropriate manner for different ethnic groups, disabled people, and for men, women and transgender people, with the underpinning aim of ensuring real, measured and positive outcomes for all sections of the communities served.

The individual requirements of each of the public sector equality duties and wider equality legislation can be found at Appendix I.

There are some rights and freedoms, which are so important and so fundamental that many countries have written them down in a special form and have made safeguarding and promoting them a fundamental aim for Government. In the UK these are known as 'The Human Rights Act 1998'. Please see Appendix I for further information.

4 CONTEXT OF THE EQUALITY STRANDS

What is the purpose of our equality scheme?

This part of the scheme gives a brief outline of the six areas of equality and diversity.

It is important to repeat that this scheme goes beyond the statutory duties the Trust has to promote race, gender and disability equality and extends to the protecting against discrimination on the grounds of age, sexual orientation and religion or belief.

The scheme will put equality at the heart of how we carry out our functions and responsibilities as both a commissioning body, provider of services and as an employer. Therefore, it will have a positive outcome for the general public, service user and our staff.

This scheme brings together and strengthens the work the Trust has completed since October 2006 and also the previous Primary Care Trusts around the equality and diversity agenda.

The Trust is fully aware of the amount of work that needs to be done to achieve what this scheme sets out, but believes that this scheme will steer the Trust in the right direct and to the right outcomes.

The Trust believes that an important principle underlining this scheme is that the six 'strands' of equality of race, disability, gender, age, sexual orientation and religion and belief do not present 'competing' issues. It is often the case that inequality and prejudice are perceived and experienced on multiple levels, and in this respect the separation or isolation of strands can in itself be 'artificial'. That is why the Trust has introduced a single equality scheme rather than just having three separate equality schemes.

Having said that, it is important to provide some specific context relating to the separate strands, in order to provide assurance that the Trust has an appreciation and understanding of particular issues.

The following is intended to be indicative and to highlight some key issues relating to each strand. It is not intended as a comprehensive statement of every issue and every action relevant to health and social care.

4.1 Race

The Race Relations (Amendment) Act 2000 (the Act) means organisations have to change from a stance of not discriminating, to taking positive action not only to eliminate discrimination, but also to promote good race relations and equality of opportunity. This means making race equality part of everything we do because if we are to achieve our overall goal of a modern NHS that responds to population health need and reduces health inequalities/improves health, we must positively welcome and capitalise on difference and diversity amongst services users and within our workforce.

This will not happen spontaneously and is much more than an organisation declaring itself a proponent of race equality. Making progress requires leadership, sustained commitment, resources and managerial attention.

The Trust has for a number of years had a Black, Minority and Ethnic (BME) network for staff. The terms of reference for the network are:

- Supporting and developing overseas and ethnic minority staff
- Promoting cultural diversity
- Share good practice about ethnic minority patient/client care
- To make our services more user friendly to patient/clients from a BME background
- Improve our services including the provision of interpreters to patients/clients from a BME background
- Raise the profile of ethnic minority issues
- Complementing the Trusts equality and diversity activities
- Act as an advisory group for the Trusts for equality and diversity issues e.g. for consultation about patient or staff strategies and policies relating to race or culture.

As a large provider of public services and employer, the Trust has huge potential to bring about race equality, harmonious race relations and greater social justice.

It is well known that there are significant issues around health inequalities related to ethnicity. Young black men are six times more likely than their white counterparts to be sectioned under the Mental Health Act for compulsory treatment. In addition, Irish men are twice as likely as the general population to be in psychiatric care. Some ethnic groups, particularly men of Bangladeshi and Pakistani origin and Irish men and women, have higher smoking rates than the general population.

4.2 Disability

Please note that the term ‘Impairment’ is closely allied to the term ‘Disability’ as under the social model (see below) disability is a consequence of an impairment.

The Trust has adopted the Department of Health’s approach to disability and uses the social model (as opposed to the medical model) of disability: i.e. it is the barriers (physical, attitudinal) that society puts in the path of disabled people that prevents disabled people from living fuller lives, rather than any inherent factor. This concept has gained wider credence due, in part, to equality legislation and is fundamental, for it informs subsequent strategy and policy decisions relating to health and social care.

The Disability Discrimination Act (DDA) was introduced in 1995 and makes it unlawful to discriminate against a disabled person in relation to facets of employment (including recruitment, terms and conditions, promotions, transfers, dismissals and training) as well as the provision of goods, facilities and services.

Disability is classified by the DDA as a mental or physical impairment that has an adverse effect on your ability to carry out day-to-day activities and where the adverse effect is substantial and long-term (meaning it has lasted for 12 months, or is likely to last for more than 12 months or for the rest of your life)

The DDA requires public authorities to meet both general and specific duties, with the Disability General Duty to have due regard to the need to:

- Promote equality of opportunity between disabled persons and other persons
- Eliminate discrimination that is unlawful under the DDA
- Eliminate harassment of disabled persons that is related to their disability
- Promote positive attitudes towards disabled persons
- Encourage participation by disabled people in public life
- Take steps to take account of disabled persons’ disabilities, even if this requires more favorable treatment

The Trust has been awarded the status of ‘Disability Symbol User’ relating to current and potential employees. To retain this status the Trust has to interview all job applicants who meet the minimum criteria for a job vacancy; discuss with disabled staff at least one a year what the Trust can do to make sure they can develop and use their abilities; make every effort to keep employees who become disabled in employment; ensure all staff develop the appropriate level of disability awareness needed to make these commitments work and review the five commitments each year and publish them.

The Department of Health recognises that disability equality needs to be an underlying theme in policy development and the delivery of national priorities, for disabled people make greater use of health services than non-disabled people. It is not, therefore, possible to elevate standards in the overall health and social care system without paying specific attention to the needs and aspirations of disabled people.

4.3 Gender

Gender equality has historically seen women receiving disproportionate treatment both in society and employment. Whilst the gender pay gap is not what it was many years ago, where men were explicitly on higher pay than their female counterparts, we do still see the remnants of that time, where many women do not enjoy the same opportunities as men. This often relates to women having taken time out of work because of caring responsibilities, which has meant they could not advance – professionally - as quickly as men.

The Trust is committed to tackling gender inequalities within the healthcare sector by recognising the specific health needs of men, women and transgender people. There has been increased awareness among healthcare professionals of the correlation between gender and health and its impact on access, quality of healthcare and medical treatment for men and women. The Trust's commitment to creating a patient/client-centred service that extends choice and is responsive to all patients/clients and users, especially with regards to the gender perspective aims to ensure that any gender differences in treatment and access are eliminated.

Other relevant issues in relation to gender are:

Cancer - men are twice as likely as women to develop and die from the ten most common cancers that affect both sexes.

Primary Care - men are much less likely to visit their GP than women. Men under the age of 45 visit their GP only half as often as women under the age of 45.

Obesity - men are almost 10 per cent more likely than women to be overweight or obese, and are therefore much more likely than women to suffer from such consequences of being overweight and obese as cancer and coronary heart disease.

HIV/AIDS - male to female infection with HIV is more than twice as efficient as female to male infection.

Immunity - women's immune systems make them more resistant than men to some kinds of infection including tuberculosis.

Domestic Violence - the British Crime Survey of 2005 showed 45 per cent of women in the UK have experienced some form of domestic violence, sexual assault or stalking. This has a clear consequence for health and well being.

Supporting Trans people…

'Trans' is a term used to refer to transgender and transsexual people. Trans is often a preferred term as transgender and transsexual, to some, can be seen to 'medicalise'

trans people and treat them automatically as having a disorder. All Trust policies and procedures must ensure that they adequately support Trans staff, service users and carers, especially those policies dealing with recruitment, confidentiality, harassment, and access to training. The Trust must be able to demonstrate that it works to prevent discrimination against:

- Trans people who have undergone gender reassignment
- Trans people who do not intend to undergo gender reassignment
- Trans people who intend to undergo gender reassignment in the future
- Trans people currently undergoing gender reassignment

It is also important to note that many people may identify as trans, transgender or transsexual but may not meet the legal definition by having gone through gender related medical procedures or acquiring a gender recognition certificate. Under the Gender Recognition Act 2004, people who hold a gender recognition certificate, as granted under the act, are considered to be either male or female; depending on which gender they have applied for. A Gender Recognition Certificate (GRC) is: A document granted under the Act that allows a person the full rights and responsibilities of their acquired gender. This can include legally being allowed to marry someone of the opposite gender and applying for a new birth certificate.

As there are not a large number of support agencies catering specifically for the needs of trans people, there can often be some confusion amongst staff on how to deal with these issues. It is important that the following be taken into account:

- If someone holds a gender recognition certificate they are afforded the full rights of that gender and should be treated as such. This includes access to single sex spaces such as wards, toilets & bathroom facilities.
- Where someone may be going through the transition process it is important for staff to talk with service users about what they feel they need in the way of support. Many people will happily say what they want when asked.
- Staff must not make assumptions about the needs of trans people as they can differ greatly. What works for one person may not work for another.
- To disclose to another person that someone holds a gender recognition certificate (without their consent) is a criminal offence.
- Someone who is living as the other gender but does not have the statutory rights afforded by a GRC certificate, should never the less be treated with dignity and respect.

4.4 Religion and Belief

The Employment Equality (Religion or Belief) Regulations 2003, define 'religion and belief' as 'any religion, religious belief or similar philosophical belief'. This definition is wide enough to cover fringe or cult religions, and a range of other philosophical beliefs. Article 9 of the Human Rights Act 2000 confers on individuals the right to freedom of thought, conscience and religion. The freedom to manifest religion or belief shall be subject only to such limitations as are prescribed by law and are necessary in a democratic society in the interests of public safety, the protection of public order, health or morals, or for the protection of the rights and freedoms of others.

The influence of the major religions shapes the cultural values and aspirations of employees and service users alike. The spiritual aspirations of persons not identifying with any one particular faith are held to be of no less importance, as well as the viewpoint of those who hold that spirituality is independent of religion.

The Trust recognises that the United Kingdom is a multi-cultural, multi-faith society. The United Kingdom has a more diverse faith community than any other country in the European Union, with the largest minority beliefs being Islam, followed by Hinduism and Sikhism. An increasing minority of the population also express no religious belief, ranging from atheism to humanism. Accordingly, it is committed to recognising the needs of patients, clients and staff of diverse religious groups, and of people with no religious belief, and to respond sensitively and appropriately to their needs. The NHS and social care must take account of the personal needs, such as religious, cultural and dietary requirements of the multi-cultural and spiritually diverse population that we serve. This relates to not only ensuring service users are not given or offered the wrong type of food. It also covers the utensils used for serving food to ensure they have not come into contact with food that cannot be eaten by someone from a particular religion or belief.

The Trust aims to eliminate discrimination on the grounds of religion and belief and to promote good relations between staff and service users of different faiths or none, through information, awareness raising, training and an ongoing dialogue with individuals and groups representing the major religions and those with more diverse religious beliefs.

The Trust will refer to relevant NHS publications to influence commissioning decisions, public health campaigns and to encourage staff to read and use them (eg Meeting the Religious and Spiritual Needs of Patients and Staff; NHS Chaplaincy Guide 2003 and Ramadan Health Guide).

Linked to the introduction of this Single Equality Scheme the Trust is introducing the monitoring of Religion and belief of all job applicants and employees. It had hoped to use the same religious categories used in the national census and to include more choices of belief, but this was not possible. The Trust has to use a national NHS payroll and human resource system and the types of religion and faith are: Atheism,

Christianity, Buddhism, Hinduism, Islam, Jainism, Judaism, Sikhism, other and a choice not to disclose at all.

4.5 Age

Age discrimination is probably one of the most common forms of discrimination and most people have been subject to it at some time in their life, personal, employment or in a health or social care setting. Ageist remarks and behaviour have generally been more acceptable within society than racism or sexism.

The government introduced the Employment Equality Act (Age) Regulations 2006 in October 2006, which made age discrimination illegal in all aspects of employment. Some important factors to be aware of are:

- Regulations cover employment and vocational training, including access to help and guidance, recruitment, promotion, development, termination, perks and pay.
- Regulations cover people of all ages – young and old.
- Goods and facilities and services are not included.
- National default retirement age of 65 was introduced, making compulsory retirement below 65 unlawful, unless objectively justified.
- All employees have the right to request to work beyond 65 and the Trust has a ‘duty to consider’ the request.

There is a great deal of anecdotal evidence of negative attitudes from healthcare providers towards older people that affect the quality of service that they receive. More people report experiencing age discrimination than any other form of discrimination.

The National Service Framework (NSF) for Older People was launched in March 2001 and set national standards to improve service for older people, at home, in residential care and in hospital. The aim of the NSF is to root out age discrimination and, since then, there have been a number of improvements. In addition to this, the Department of Health launched its Dignity in Care Campaign in November 2006 to place dignity and respect at the heart of caring for older people.

The Trust has taken all of the above into account both as an employer and also as a service provider and commissioner. This has been done by a number of actions including training staff to ensure that in all their dealings with staff, patients and clients they treat them equally irrespective of age; to take this into account with the commissioning plans and also monitor complaints made by patient and clients in the services they receive.

Other relevant issues in relation to age are:

Resources: NHS - the NHS spent around £16.5 billion on people over the age of 65 in 2003/04, accounting for 43 per cent of the total NHS budget for that period.

Resources: Social Care - in 2004/05, people aged over 65 received 71 per cent of social care packages.

Age and Ethnicity - in 1997–99, 7 per cent of the population were aged 65 or over and belonged to an ethnic minority. The largest of these minority groups comprised Black-Caribbean people; the next largest was made up of Indian people.

Demographics - the number of people over pensionable age in the UK is projected to rise from 11.2 million in 2006 to 11.9 million in 2011, and 13.1 million by 2021.

Suicide - young men continue to be the group with the highest risk of suicide, although suicide rates continue to fall among all age groups.

4.6 Sexual Orientation

The Sexual Equality (Sexual Orientation) Regulations came into force in 2003 and prohibit discrimination, harassment or victimisation on the grounds of sexual orientation.

Sexual orientation is defined as an attraction towards a person of the same sex (this covers gay men and lesbian women); persons of the opposite sex (this covers heterosexual men and women); persons of the same sex and of the opposite sex (this covers people who are bisexual).

People who have changed their sex (trans people) are not covered by these Regulations, as trans people are expressly protected by the Sex Discrimination Act 1975.

Many lesbian, gay and bisexual people face discrimination in today's society. Myths and stereotypes about sexual orientation abound including some false assumptions. We need to challenge negative attitudes or assumptions in the workplace, which could include challenging instances of banter, taunts or jokes based on sexual orientation that could create an uncomfortable working environment for a particular employee, whatever their sexual orientation. We must also take care to avoid stereotyping.

One of the challenges for us, as an employer, is how we can make people feel confident to state their sexual orientation for the purposes of monitoring the workforce in respect of recruitment, promotion, training etc. We will accomplish this as we achieve a more open and accepting culture, which demonstrates that our policies, practices and attitudes respond to diversity within our communities. Our Trust should be known as an employer keen to recruit the talents of gay and lesbian people and supportive of all our employees' rights and of meeting their training and development needs.

The experience of homophobia can have a serious health impact, especially on young people. Sexual orientation and gender identity undoubtedly contribute to health inequalities and poor experience of health care services. The Trust will work hard to tackle this in the way it provides services and its commissioning strategy.

Other relevant issues in relation to sexual orientation are:

Health inequalities - lesbian, Gay and Bisexual people have a variety of unique health needs – eating disorders, obesity, self-harm, substance misuse are all issues within these communities.

Suicide - gay and bisexual men are more than seven times more likely to attempt suicide than the general population.

Sexual health - gay men remain the group in the UK at highest risk of acquiring HIV, and there is evidence that transmission is continuing at a significant rate. In 2006, there

were 2,400 newly diagnosed infections. Lesbian women often have their sexual health needs ignored.

5 KEY DRIVERS FOR EQUALITY & DIVERSITY

The Trust works within current equality and diversity legislation. For Equality & Diversity this includes:

Equal Pay Act 1970
Sex Discrimination Act (SDA) 1975
Race Relations Act 1976
Disability Discrimination Act 2005 (amended)
Sex Discrimination (Gender Reassignment) Regulations 1999
Human Rights Act 1998
Employment Equality (Religion or Belief) Regulations 2003
Employment Equality (Sexual Orientation) Regulations 2003
Employment Equality (Age) Regulations 2006
Gender Recognition Act 2004
Civil Partnership Act 2004
Equality Act 2006
Other policy drivers include:
National Service Frameworks
Standards for Better Health
Mental Health Act 1983
Race Equality Scheme
Disability Equality Scheme
Gender Equality Scheme
DoH Equalities Framework: Priorities for Action
Trust Equal Opportunities Policy

Drivers for supporting staff

The Trust has number of policies that aim to balance work and personal life. All policies are designed to offer equal processes for both men and women. These are:

Adoption Leave Policy
Employment Breaks Policy
Carer Leave Policy
Domestic Leave Policy
Flexible Working Policy
Job Share Policy
Maternity Leave Policy
Parental Leave Policy
Paternity Leave Policy

6 EQUALITY IMPACT ASSESSMENTS

The Trust is required to undertake equality impact assessments on all policies and practices and these two terms should be widely interpreted. The assessments should also be published.

This is to ensure that any new or existing policies and practices do not disadvantage any group or individual so they should be assessed to establish how they comply with the equality agenda.

The main aims of the impact assessments are to:

- take account of the need, circumstances and experiences of those intended to benefit from a policy or practice;
- identify actual and potential inequalities in outcomes;
- consider other ways of achieving the aims of policies and practices;
- increase confidence in the fairness of the Trust's activities;
- develop better policies, projects and functions.

There are two examples of how an equality impact assessment would have prevented problems for disabled people. One relates to health and the other one is for a local authority, but as it is such a good example of getting it wrong it has been used here for illustrative purposes.

Example one

A review of security of community hospital premises led to digital locks being installed on external and internal doors with an intercom facility to seek assistance – alternative communication was not initially offered, which created barriers for access for certain disabled people. An equality impact assessment of this decision making process would have anticipated this potential problem and alternative arrangements could have been provided from the outset.

Example two

The manager of a local authority swimming pool decides, as part of a cost-saving drive, that the water in the pool should be reduced by two degrees. The reduction in temperature made it impossible for a significant number of disabled people to continue using the pool. Some of them complain to the authority.

Example three

An organization had what they thought was a disability compliant lift fitted in one of their buildings, but found out that someone with rheumatoid arthritis tried to use they could not use the buttons on the control panel. Another example of where an impact equality assessment could have prevented a problem.

The Trust has two levels of assessment, an initial one and then if any problems are identified, a full assessment would be carried out. The assessment forms are attached as Appendix II and III.

7 CONSULTATION & INVOLVEMENT

This scheme was the subject of extensive consultation with service user and staff interests (please see Appendix IV for details of those organisations and groups who were consulted and who responded).

The Trust is committed to involving service users, our staff and the community with the development of our services and commissioning plans. A communication and engagement strategy exists to ensure that happens in an effective and structured way.

Why is public engagement important?

It has long been recognised that engaging patients/clients in their own healthcare/social care produces better outcomes and the principle remains the same for service development and delivery. Stakeholder engagement is becoming increasingly important and no longer an 'add-on' to decision-making processes.

Growing social expectations of openness and accountability mean that the users of public services are increasingly seeking more say in how the NHS is developed, what services are provided and to what standards.

Previously the Trust has stated that it believes that appropriate and effective services are more likely to be developed if they are planned on the basis of needs identified in conjunction with users. Patients/clients want more information about their health condition, treatment and care and to have a say – as equal partners – in their treatment and care. This is integral to the whole notion of "informed consent".

The Trust believes that the public, as citizens, should be engaged in health and health service decision-making processes, including those that involve taking responsibility for using the NHS appropriately and determining prioritisation of limited resources.

Local Involvement Networks

On 25 October 2007 the new Local Government and Involvement Bill received royal assent, strengthening the Health and Social Care Act 2001 and duties upon the Trust.

The Act introduced a number of measures relating to local government and health services as well as involvement of local communities. One of the measures it introduces is the establishment of Local Involvement Networks (LINks), which replaced Patients' Forums, and the Commission for Patient and Public Involvement in Health in 2008. The bill also clarified and strengthened the existing duty on NHS bodies to involve and consult patients and the public in the planning and provision of services.

It is hoped that Local involvement networks (LINks) will enable genuine involvement of a far greater number of people than is currently available, ensuring local communities

have a stronger voice in the process of commissioning health and social care and enabling them to influence key decisions about the services they both use and pay for.

Local authorities will have a duty to make contractual arrangements for the involvement of people in the commissioning, provision and scrutiny of health and social care services. From April 2008, the current Patient Forums will be replaced with the new LINks, to help strengthen the system that enables communities to influence the care they receive.

LINks will:

- provide everyone in the community – from individuals to voluntary groups - with the chance to say what they think about local health and social care services – what is working and what is not
- give people the chance to influence how services are planned and run
- feedback to services what people have said about services so that things can be improved

The Trust has made known their commitment to public engagement, but some practical steps may be made to further embed this commitment into the culture of the organisation. These are:

- ensuring that public engagement/patient experience and Patient Advice and Liaison Service reporting is inserted into all new contracts with our providers
- that a common duty to all staff to engage with the public and feed back suggestions and comments so that services can be developed in line with patient need – it is planned to add this to the job descriptions, objectives and contracts of staff
- all Trust Board papers to include a section on how the public have or will be engaged in any decision that is taken

ACTION PLAN

The action plan for this scheme is attached at Appendix V.

Appendix I

LEGAL FRAMEWORK

The scheme has been developed to look at a number of equality streams, including those for which legislation is currently in place, those for which legislation is soon to be in place, and those streams for which there is emerging legislation.

The Race Relations (Amendment) Act 2000

The general duty under the Act requires public bodies to pay due regard to the need to:

- eliminate unlawful racial discrimination;
- promote equality of opportunity between persons of different racial groups;
- promote good relations between persons of different racial groups.

The elements of the duty are complementary and therefore all three aspects need to be addressed in order to show that the duty is being complied with.

There is also a specific duty on public bodies to publish a Race Equality Scheme which sets out how it intend to meet the general duty outlined above and to review the scheme every three years. There is also a specific duty in relation to employment issues which requires the Trust to monitor:

- staff in post;
- applicants for employment, training and promotion;
- staff receiving training;
- staff who benefit or suffer detriment as a result of Performance Assessments;
- staff involved in Grievance procedures;
- staff subject to Disciplinary procedures;
- staff ceasing employment.

Disability Discrimination Act 1995 and 2005 amendment

The Disability Discrimination Act 1995 has been amended by the Disability Discrimination Act 2005, so that there is a duty on all public authorities, when carrying out their functions, to have due regard to the need to:

- promote equality of opportunity between disabled persons and other persons;
- eliminate discrimination that is unlawful under the Act;
- eliminate harassment of disabled persons that is related to their disabilities;
- promote positive attitudes towards disabled persons;
- encourage participation by disabled persons in public life;
- take steps to take account of disabled persons'disabilities, even where that involved treating disabled persons more favourably than other persons

There is also a specific duty on public bodies to publish a Disability Equality scheme, which sets out how it intends to meet the general duty outlined above and to review the scheme every three years. Our Disability Equality Scheme is now encompassed within the Single Equality Scheme.

The overarching aim of the general duty is to promote equality of opportunity for disabled people, in a society where they are often excluded and marginalised. Disabled people are often constrained in their life choices, socially and economically. They often experience poverty and social exclusion, not as the inevitable result of their disabilities, but as a result of attitudinal and environmental barriers.

Where the general and specific duties are discharged, disabled people are able to participate equally in society.

The Equality Act 2006

The Equality Act introduces a duty on public bodies to promote gender equality. Discrimination on the basis of a person's gender is already prohibited in relation to employment and the provision of goods, facilities and services, under the Sex Discrimination Act 1975. However, with the introduction of the gender equality duty (effective from 6 April 2007), public bodies were required to actively promote gender equality as they undertake their key functions. The general gender equality duty require public authorities to have due regard to:

- eliminating unlawful discrimination with regard to obligations under the Sex Discrimination Act 1975 and the Equal Pay Act 1970 and to take steps to ensure compliance with these Acts;
- promoting equality of opportunity between men and women and take active steps to promote gender equality when carrying out functions and activities. There are also specific duties in many public bodies to help them meet their obligations under the general duty. The specific duties include:
- publishing gender equality schemes;
- monitoring progress and publishing progress reports every three years;
- conducting and publishing gender impact assessments on policies and services

Other developments

There are also recent and developing legal obligations in respect of the 'new' equality streams of religion or belief, sexuality and gender identity and age. Whilst there are currently no statutory equality duties in respect of these streams, such legislation may be enacted in the future. The legislation listed below provides a context for the inclusion of religion or belief, sexuality and gender identity and age in our Single Equality Scheme.

Equality in Employment Regulations (Religion or belief)

These Regulations (made under the European Communities Act 1972 and which came into force in December 2003) apply to vocational training and all facets of employment, including recruitment, terms and conditions, promotions, transfers, dismissals and training. They make it unlawful on the grounds of religion or belief to discriminate directly or indirectly against anyone; subject someone to harassment, victimise someone because they have made or intend to make a complaint or allegation or intend to give evidence to a complaint of discrimination on the above grounds or to discriminate or harass someone in certain circumstances after the working relationship has ended.

Equality in the provision of goods, facilities and services (religion or belief)

Part 2 of the Equality Act 2006 makes it unlawful for a public authority involved in providing goods, facilities or services to discriminate on grounds of religion or belief by:

- refusing to provide a person with goods, facilities or services if they would normally do so to the public, or a section of the public to which the person belongs;
- providing goods, facilities or services of an inferior quality rather than those which would normally be provided, or in a less favourable manner (for example, hostile or less courteous) or on less favourable terms than would normally be the case. Part 2 of the Equality Act 2006 came into effect in April 2007.

Equality in Employment Regulations (Sexual Orientation)

These Regulations (also made under the European Communities Act 1972 and which came into force in December 2003) apply to vocational training and all facets of employment, including recruitment, terms and conditions, promotions, transfers, dismissals and training. They make it unlawful on the grounds of sexuality to discriminate directly or indirectly against anyone; subject someone to harassment, victimise someone because they have made or intend to make a complaint or allegation or intend to give evidence to a complaint of discrimination on the above grounds or to discriminate or harass someone in certain circumstances after the working relationship has ended.

Equality in the provision of goods, facilities and services (Sexual Orientation)

Section 81 of the Equality Act 2006 makes it unlawful for a public authority involved in providing goods, facilities or services to discriminate on grounds of sexual orientation by:

- refusing to provide a person with goods, facilities or services if they would normally do so to the public, or a section of the public to which the person belongs;
- providing goods, facilities or services of an inferior quality rather than those which would normally be provided, or in a less favourable manner (for example, hostile or less courteous) or on less favourable terms than would normally be the case. Section 81 of the Equality Act 2006 is due to come into effect by April 2007.

Age Equality Regulations October 2006

From 1 October 2006, the Employment Equality (Age) Regulations made it unlawful to discriminate against workers, employees, job seekers and trainees because of their age. The regulations cover recruitment, terms and conditions, promotions, transfers, dismissals and training.

Gender Recognition Act 2004

The Gender Recognition Act 2004 provides for the legal recognition of the trans person in their acquired gender and their opportunity to acquire a new 'birth' certificate for their new gender. This is called a Gender Recognition Certificate (GRC) and this will replace the originating birth certificate in all official documentation. This also creates an offence of unauthorized disclosure in Clause 22 of the Act. It is now an offence for a person to disclose information acquired in an official capacity about the gender history of the holder of a Gender Recognition Certificate as this is 'protected information'. The holder of a GRC is not obliged to inform their employer that they have one, but if they choose to do so this information on their gender history must be clearly established as 'protected information'.

Human Rights Act 1998

What are Human Rights?

Human Rights are rights and freedoms that belong to all individuals regardless of their nationality and citizenship. They are fundamentally important in maintaining a fair and civilised society.

What is the European Convention on Human Rights?

The European Convention on Human rights (ECHR) was drafted by the nations of the council of Europe (including the UK) in the aftermath of World War II. The council of Europe was founded to defend Human Rights, parliamentary democracy and the rule of law, and to ensure that the atrocities and cruelties committed during the war would never be repeated.

What is the Human Rights Act?

In October 2000, the Human Rights Act came into effect in the UK. This meant that people in the UK could take cases about their Human Rights to a UK court. Previously they had to take complaints about their Human Rights to the European Court of Human Rights in Strasbourg. The rights contained in the act (in schedule 1) are referred to as 'the convention rights'.

What are the Convention Rights?

There are 16 basic rights in the Human rights Act. As you would expect these concern matters of life and death, like freedom from torture and being killed, but they also cover rights in everyday life, such as what a person can say and do, their beliefs, their right to a fair trial and other basic entitlements.

What does the Human Rights Act mean for the Trust?

Being a public organisation, the Human Rights Act has the following implications for the Trust:

- It makes it unlawful for the Trust to act in a way that breaches a human right
- Anyone who feels that a public authority has breached their rights can raise this before an appropriate UK court or tribunal.

Commission for Equality and Human Rights (CEHR)

The Equality Act (2006) established the new Commission for Equality and Human Rights to take over the work of the previous equality Commissions and take responsibility for the new discrimination streams – religion or belief, sexual orientation and age – as well as human rights. The CEHR commenced work in October 2007.

Appendix II

Cambridgeshire NHS
Primary Care Trust

Rapid Equality and Diversity Impact Assessment
For use in development and review of all projects, documents that guide practice including policies, and service developments.

Project being assessed:			
Reviewers			
1. Name		Date	
Signature		Role	
2. Name		Date	
Signature		Role	

	Positive	**Negative**	**No impact**
In which areas are there concerns that the project could have a different impact (either positive or negative) on different groups?			
Minority ethnic people (incl. Travellers, refugees and asylum seekers)			
Women and men			
People in religious/faith groups			
Disabled people			
Age related eg older people, younger people & children			
Children & young people			
Lesbian, gay, bisexual and transgender people			
People of low income			
People with learning disabilities			
People with mental health problems			
Acquired brain injury			
Homeless people			
People involved in criminal justice system			
Staff			
Any other groups			
What impact will the proposal have on lifestyles? For example, will the changes affect:			
Diet and nutrition?			
Exercise and physical activity?			
Substance use: tobacco, alcohol or drugs?			
Risk taking behaviour?			
Education and learning, or skills?			
Any other areas?			
Will the proposal have any impact on the social environment? Things that might be affected include:			

Social status			
Employment (paid or unpaid)			
Social family support			
Stress			
Income			
Any other areas			
Will the proposal have any impact on:			
Discrimination?			
Equality of opportunity?			
Relations between groups?			
Any other areas			
Will the proposal have an impact on the physical environment? For example, will there be impacts on:			
Living conditions?			
Working conditions?			
Pollution or climate change?			
Accidental injuries or public safety?			
Transmission of infections disease?			
Any other areas			
Will the proposal affect access to and experience of services?			
Health care			
Transport			
Social services			
Housing services			
Education			
Any other areas			

Rapid impact assessment: Summary sheet
Negative impacts (note the groups affected)
Action Plan
Will there be any negative impacts remaining after implementation of action plan? Yes/No Summarise impact (See table below)

What is the likelihood of this occurring? [ ]	What is the consequence of this occurring? [ ]

Risk Score [ ] Where risk score is 8 or more a full EDIA must be completed.

Person responsible for leading the full EDIA: ……………………………………………….

See Risk Assessment Policy for definitions CONSEQUENCES	LIKELIHOOD					
	Impossible 0	Rare 1	Unlikely 2	Moderate 3	Likely 4	Certain 5
Negligible - 0	0	0	0	0	0	0
Minor - 1	0	1	2	3	4	5
Moderate - 2	0	2	4	6	8	10
Serious - 3	0	3	6	9	12	15
Major - 4	0	4	8	12	16	20
Critical - 5	0	5	10	15	20	25

Appendix III

Cambridgeshire NHS
Primary Care Trust

Full Equality and Diversity Impact Assessment

To be completed if indicated by Rapid EDIA

Project being assessed:	
Reviewers	
1. Name	Date
Signature	Role
2. Name	Date
Signature	Role

Note: some elements are required under the terms of the Race Relations (Amendment) Act 2000 (shown here as RRAA.).

1. Aim/Status
(a) What is the aim/purpose of the policy/function?
(b) Who is intended to benefit from this policy/function and in what way?
(c) How have they been involved in the development of this policy/function?
(d) How does it fit into broader corporate aims?
(e) What outcomes are intended from this policy/function?
(f) What resource implications are linked to this policy and/or function?
Complete (g) to (i) for new policies/functions only
(g) What research or consultation has been done?
(h) What stage is the policy/function at?
(i) What is the target date for completion?

2. Examination of Available Data
DATA (data collection could include consultations, surveys, databases, focus groups, in-depth interviews, pilot projects, reviews of complaints made, user feedback, academic publications, consultants' reports, citizens' juries etc.)
(a) Are there any experts/relevant groups whom you can/should approach to explore their views on the issues?

(b) What do we know from existing data, research consultations, focus groups and analysis available in-house?	(a) Quantitative	(b) Qualitative
(c) What do we know from existing data, research consultations, focus groups and analysis available externally?	(a) Quantitative	(b) Qualitative
(d) What gaps in knowledge are apparent?	(a) Quantitative	(b) Qualitative
(e) If there appear to be any potential difficulties of access or compliance with the aim of the policy/service, please describe these.		

3. Impacts
(a) What is the likely impact (whether intended or unintended, positive or negative) of the initiative on individual service users or on the public at large?
(b) Is there likely to be a differential impact on any group? If yes, please state if this impact may be adverse and give further details (e.g. which specific groups are affected, in what way, and why you believe this to be the case).

(i) Grounds of race, ethnicity,colour, nationality or national origins e.g. People of different ethnic background including minorities: Gypsy Travellers and Refugees/ Asylum Seekers	Yes ☐ No ☐	Adverse? ☐ Please give further details:
(ii) Grounds of sex or marital status: Women and Men	Yes ☐ No ☐	Adverse? ☐ Please give further details:
(iii) Grounds of gender: Transgender or transsexual People	Yes ☐ No ☐	Adverse? ☐ Please give further details:
(iv) Grounds of religion or belief: Religious/Faith or other groups with a recognised belief system	Yes ☐ No ☐	Adverse? ☐ Please give further details:
(v) Grounds of physical or sensory impairment or mental disability: Disabled people Acquired brain injury	Yes ☐ No ☐	Adverse? ☐ Please give further details:

(vi) Grounds of age: Older people, Children and Young people	Yes ☐ No ☐	Adverse? ☐ Please give further details:
(vii) Grounds of sexual orientation: Lesbian, gay, bisexual	Yes ☐ No ☐	Adverse? ☐ Please give further details:

(viii) Grounds of offending past	Yes ☐ No ☐	Adverse? ☐ Please give further details:
(ix) Grounds of mental health	Yes ☐ No ☐	Adverse? ☐ Please give further details:
(x) Other grounds (e.g. poverty, mental health, homelessness, immigration status, language, social origin)	Yes ☐ No ☐	Adverse? ☐ Please give further details:
(c) Is the policy directly discriminatory? Yes ☐ No ☐	(d). (i) Is the policy indirectly discriminatory? Yes ☐ No ☐	(e) Is the policy intended to increase equality of opportunity by permitting positive action or action to redress disadvantage?
(under any discrimination legislation e.g. Sex Discrimination Act, Race Relations Act, Disability Discrimination Act, Religion or Belief Regulations, Sexual Orientation Regulations or relevant policy)	(ii) If you said yes, is this objectively justifiable or proportionate in meeting a legitimate aim Yes ☐ No ☐	Yes ☐ No ☐ Please give details:
If you answered **yes** to Q3 (c) and **no** to Q3 (e), this is unlawful discrimination.		
If you answered **yes** to Q3 (d) (i) and **no** to Q3 (d)(ii) and **no** to Q 3 (e), this is unlawful discrimination.		

If the policy is unlawfully discriminatory, you must decide how to ensure the organisation acts lawfully.
(f) If the policy is not directly or indirectly discriminatory, does it still have an adverse impact? Yes ☐ No ☐ Please give details:

4. Modifications
• In your consideration of the next questions, you should think about the following: • How does each option further or hinder equality of opportunity? • How does each option challenge or reinforce stereotypes which influence equality of opportunity? • What are the consequences for the group(s) and the public authority/organisation of not adopting an option more • favourable to equality of opportunity? • What are the social and economic costs and benefits of implementing each option? (For the group? For the public • authority/organisation?) Will the benefits of implementing the change outweigh the costs? (proportionality)
If you answered yes to Q 3 (f) and the policy could have an adverse impact on any group, how could you modify the initiative to reduce or eliminate any identified negative impacts, or to create or accentuate positive parts of the development?
If you make these modifications, would there be impacts on other groups in society or on the ability of the initiative to achieve its purpose?

5. Further Research	
(a) Given the analysis so far, what additional research or consultation is desirable to investigate the impacts of the proposal on diverse groups?	
(i) New primary data? Yes ☐ No ☐ Please describe:	(ii) Secondary analyses of existing data? Yes ☐ No ☐ Please describe:

(b) What steps do you need to take to ensure that the right people are involved in this research?	
6 Consultation **Under the Race Relations (Amendment) Act 2000 you are required to consult on the impact of new policies, functions and service change.**	
(a) What are the aims of consultation?	
(b) What is the planned timescale?	(c) Who is responsible for managing the consultation?
(d) Whom do you need to consult? (e.g. What groups must be included? Consider beneficiaries, stakeholders and who may be affected).	
e) What methods of consultation are proposed? (these should be appropriate to the groups being consulted), e.g. ☐ surveys ☐ interviews ☐ use community venues	(f) What methods are being considered to ensure full information and participation? e.g. ☐ Accessible formats? ☐ Community languages? ☐ Oral information?

☐ informal meetings ☐ separate meetings for interest ☐ groups (young people, gypsy travellers, etc.) ☐ lay advisory group	☐ Taking account of different needs? ☐ Taking account of different customs, festivals, etc.? ☐ Accessible venues, e.g. acoustics, transport, wheelchair accessible loop/signing/translation facilities? ☐ Use of advocates? ☐ Training or other support for potential participants? ☐ Other – please give details
(g) What other consultation exercises are planned? (can they be “joined up”?)	
(h) How will consultation outcomes be fed back into the process?	
(i) Following consultation, what is the **RECOMMENDATION**? ☐ reject the policy/function ☐ introduce the policy/function ☐ amend the policy/function (an impact assessment should be made of any amended policy) ☐ other – please explain:	

7. Decision-making and Reports to Line Management/Board **(Repeat this section for each stage of the decision-making process.**				
(a) Who will make the decision? (Essential to consider also in partnership developments).				
(b) Following consultation, what is the **DECISION**? ☐ reject the policy/function ☐ introduce the policy/function ☐ amend the policy/function (an impact assessment should be made of any amended policy) ☐ other – please explain				
8. Monitoring and Review				
(a) How will the implementation of the policy/function be monitored?				
(b) How will results of monitoring be used to develop future policy/function and practice?				
(c) When is the policy/function due to be reviewed? Date:				
9. Public availability of Report/Results				
What are the arrangements for publishing? (note: to meet RRAA legislation, results should be available and accessible to anyone who wishes to access it)	(i) Result of the impact assessment	(ii) Result of the consultations	(iii) Employment Monitoring outcomes	(iv) Other Monitoring outcomes (e.g. service users, non users, stakeholder views)

Appendix IV

Consultation with Groups and Organisations

The draft SES was sent to the following organisations and groups for their comments:

CATCH
Cambridgeshire ACRE
Cambridge City Council
Cambridge Council for Voluntary Service
Cambridgeshire County Council
Cambridgeshire Local Medical Committee
Cambridgeshire Community Services Patient Focus Group
Cambridge & Peterborough Mental Health Trust
Cambridge University Hospitals NHS Foundation Trust
Disability Cambridgeshire
East Cambridgeshire District Council
East Cambridgeshire Council for Voluntary Service
East Cambridgeshire and Fenland PBC Group
Fenland Council for Voluntary Service
Fenland District Council
Headway Cambridgeshire
Hunts Forum of Voluntary Organisations
HuntsComm
Hunts District Council
Hinchingbrooke NHS Trust
LINkS
Overview and Scrutiny Committee
Peterborough and Stamford Hospitals
Papworth Hospital NHS Foundation Trust
Queen Elizabeth Hospital, Kings Lynn
South Cambridgeshire District Council

Trade Unions recognised by the Trust:

British Dental Association (BDA)
British Dietetic Association (BDA)
British Medical Association (BMA)
Chartered Society of Physiotherapists (CSP)
General and Municipal Boilerworkers Union (GMB)
Royal College of Nursing (RCN)
Society of Chiropodists and Podiatrists (SOCP)
Transport and General Workers Union (TGWU)
UNISON

The SES was on the Trusts website as part of the consultation exercise.

Reference was made in staff briefings that the Trust was consulting on the SES.

The Trust is grateful for the comments and suggestions for changes that it received during the consultation period. The Trust is also grateful for the help given by the Equality and Diversity Manager at the Hertfordshire Partnership Foundation NHS Trust and the HR Manager (Equality and Diversity) at the West Hertfordshire and East & North Hertfordshire PCT.

Appendix V

Cambridgeshire Primary Care Trust
Action Plan for Single Equality Scheme (SES)

Aim	Objectives	Lead	Completed by	Equality strand
1. Launch the single equality scheme across the Trust	▪ For staff to be aware that the SES has been launched ▪ Staff to be aware of how this will affect them in their work and their responsibilities in relation to the scheme ▪ SES published on internal Cambridgeshire extranet and Cambridgeshire Community Services intranet. Race, disability and gender equality schemes removed	Senior HR Manager	30 September 2008	All six - race, disability, gender, age, religion and belief and sexual orientation
2. Launch the single equality scheme externally	▪ Service users and patient/client groups are aware that the SES has been launched ▪ SES published on the Cambridgeshire PCT website. Race, disability and gender equality schemes removed	Assistant Directors of Communication (Provider and Commissioning) Head of Public Engagement Patient Advice and Liaison Service	30 September 2008	All six

3. Communication and engagement with staff on equality and diversity matters	▪ To ensure there is effective two-way communication and engagement with staff across the Trust on equality and diversity matters. Methods to include staff briefings, face-to-face meetings with staff groups, during relevant training sessions, Joint Consultative Negotiating Partnership (the trade union and employer group within the Trust), disability group (Disability Symbol user see 11 below)	Senior HR Manager	On-going	All six
4. Communication and engagement with service users and patient/client groups on equality and diversity matters	▪ Service users and patient/client groups influence the Trust on equality and diversity matters relating to services provided and commissioning plans	Assistant Directors of Communication (Provider and Commissioning) Head of Public Engagement Patient Advice and Liaison Service	On-going	All six
5. Monitor equality and diversity background of staff	▪ Record equality and diversity data for applicants for employment, training and promotion, staff in post, staff receiving training, staff who benefit or suffer a detriment as a result of performance assessment, staff involved or subject to grievance or disciplinary procedures, staff ceasing employment ▪ Undertake an audit of existing staff to ensure the Trust has complete	Members of Human Resources/Learning and Development Team Senior HR Manager	On-going 30 September 2008	All six

	and up-to-date equality and diversity data. To include the new strands the SES will cover (religion and belief and sexual orientation). Input the data into the Electronic Staff Record (Payroll and human resource system used by the Trust).			
	▪ Review the equality and diversity data form used during recruitment to capture the new strands of religion and belief and sexual orientation	Senior HR Manager and Employment Services Manager	30 September 2008	
	▪ Review the equality and diversity data form used for training to capture the new strands of religion and belief and sexual orientation	Senior Learning and Development Manager	30 September 2008	
	▪ Review the equality and diversity data to capture the new strands of religion and belief and sexual orientation when monitoring applicants for promotion, staff in post, staff who benefit or suffer a detriment as a result of performance assessment, staff involved or subject to grievance or disciplinary procedures, staff ceasing employment	Human Resources Advisor Workforce Information	30 September 2008	

	▪ Review workforce information reporting to capture the new strands of religion and belief and sexual orientation	Senior HR Manager Workforce Information Manager (ASP)	30 September 2008	Religion and belief and sexual orientation
6. Review monitoring of equality and diversity background of service users	▪ Undertake a review of the equality and diversity data captured for service users	Director of Contracting and Performance	31 December 2008	All six
7. Carry out Equality Impact Assessments (EIA) on policies, services and functions and publish results	▪ Carry out Equality Impact Assessments on policies, services and functions. If an initial assessment indicates a significant adverse impact on any relevant group a full assessment will be carried out ▪ Publish the assessments on the Trusts website ▪ Review the decision making processes in the Trust in relation to undertaking Equality Impact Assessments and also how it carries out EIA's of services and functions	Manager carrying out the assessment Communications Department Senior HR Manager	On-going On-going 31 December 2008	All six
8. Provide training to staff on equality and diversity	▪ Staff to receive training on relevant equality and diversity subjects	Senior Learning and Development Manager	On-going	All six

9. Carry out a review of the training provided to staff on equality and diversity related matters	▪ Undertake a review of the training provided to staff on equality and diversity. This review to include the method of delivery and in particular e learning solutions and also training on equality impact assessments	Senior Learning and Development Manager	30 September 2008	All six
10. Black, Minority and Ethnic (BME) Network established	▪ BME Network established for staff in the Trust	Senior HR Manager	December 2007	Race
11. Disability Symbol User	▪ Trust to retain the employment status it gained of being a disability symbol user ▪ To maintain this status the Trust is committed to the following: ▪ Interviewing all job applicants who meet the minimum criteria for a job vacancy ▪ Discuss with disabled staff at least one a year what the Trust can do to make sure they can develop and use their abilities ▪ Make every effort to keep employees who become disabled in employment ▪ Ensure all staff develop the appropriate level of disability awareness needed to make these commitments work	Senior HR Manager	On-going 30 September each year On-going 30 September each year On-going On-going	Disability

	▪ Review the five commitments each year and publish them		30 September each year	
12. Ensure that when any procurement or commissioning of services is undertaken reference is made to the requirement of the SES	▪ In the specification or procurement/ commissioning documentation reference is made to compliance with the Trust's SES	Manager carrying out the procurement or commissioning exercise	On-going	All six